

Weekly Influenza Report Week 13

Report Date: Friday, April 08, 2016

The purpose of this report is to describe the spread and prevalence of influenza-like illness (ILI) in Indiana. It is meant to provide local health departments, hospital administrators, health professionals and residents with a general understanding of the burden of ILI. Data from several surveillance programs are analyzed to produce this report. Data are provisional and may change as additional information is received, reviewed and verified. For questions regarding the data presented in this report, please call the ISDH Surveillance and Investigation Division at 317-233-7125.

WEEKLY OVERVIEW

Influenza-like Illness - Week Ending April 2, 2016			
ILI Geographic Distribution	Local		
ILI Activity Code	Minimal		
Percent of ILI reported by sentinel outpatient providers	1.80%		
Percent of ILI reported by emergency department chief complaints	1.58%		
Percent positivity of influenza specimens tested at ISDH	43.75%		
Number of influenza-associated deaths to date	53		
Number of long-term care facility outbreaks	0		
Number of school-wide outbreaks	0		



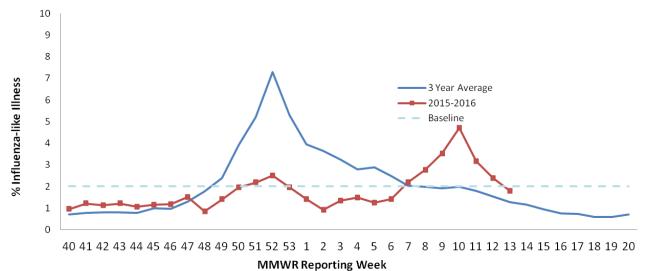
SENTINEL SURVEILLANCE SYSTEM

Data are obtained from sentinel outpatient providers participating in the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet). Data are reported on a weekly basis for the previous Morbidity and Mortality Weekly Report (MMWR) Week by the sentinel sites and are subject to change as sites backreport or update previously submitted weekly data.

Percent of ILI Reported by Type of Sentinel Outpatient Facility, Indiana, 2015-2016 Season			
MMWR Week	All Reporters %ILI (n)	Universities %ILI (n)	Non-Universities %ILI (n)
13	1.80% (20)	1.40% (9)	2.00% (11)
12	2.39 (24)	2.59 (9)	2.30 (15)
11	3.17 (23)	1.83 (9)	3.66 (14)

Percent of ILI Reported by Age Category in Sentinel Outpatient Facilities, Indiana, 2015-2016 Season			
Age Category, years	Total Number of ILI	Percent of ILI	
0-4	24	26.97%	
5-24	51	57.30	
25-49	13	14.61	
50-64	1	1.12	
65+	0	0	
Total	89		





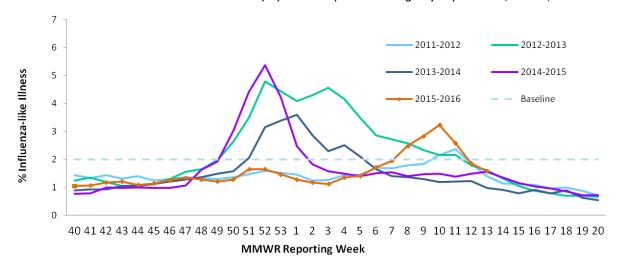


SYNDROMIC SURVEILLANCE SYSTEM

Data are obtained from hospital emergency department chief complaint data through the Indiana Public Health Emergency Surveillance System (PHESS). Data are reported on a weekly basis for the previous Morbidity and Mortality Weekly Report (MMWR) Week and are subject to change as hospitals backreport or update previously submitted weekly data.

Percent of ILI Reported in Emergency Departments by District, Indiana, 2015-2016 Season			
	Previous MMWR Week	Current MMWR Week	
Indiana	1.86%	1.58%	
District 1	1.37	1.34	
District 2	1.63	1.88	
District 3	1.31	0.90	
District 4	1.85	1.38	
District 5	1.97	1.63	
District 6	2.25	2.13	
District 7	1.94	1.90	
District 8	2.62	1.65	
District 9	2.72	1.95	
District 10	1.68	1.09	

Percent of Patients with Influenza-Like Illness (ILI) Chief Complaint in Emergency Departments, Indiana, 2015-2016





INFLUENZA-ASSOCIATED MORTALITY

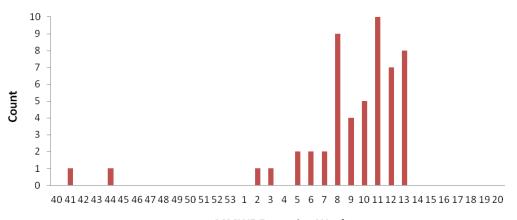
Data are obtained from the Indiana National Electronic Disease Surveillance System (I-NEDSS). Influenza-associated deaths are reportable within 72 hours of knowledge; however, not all cases are reported in a timely manner so data in this report as subject to change as additional cases are back-reported.

Number of Influenza-Associated Deaths for All Ages*, Indiana, 2015-2016 Season		
Age Category, years	Season Total	
0-4	0	
5-24	4	
25-49	8	
50-64	23	
65+	18	
Total	53	

^{*}Due to changes in the reporting rule as of 12/2015, influenza-associated deaths are reportable if either laboratory confirmed or listed as cause of death on death certificate. Therefore, case counts are not directly comparable to previous seasons in which influenza-associated deaths were only reportable by laboratory confirmation.

Counties with ≥5 Laboratory Confirmed Influenza-Associated Deaths for All Ages, 2015-2016 Season			
County	Season Total	County	Season Total
Lake	11		
Marion	16		

Number of Reported Influenza-Associated Deaths by Week of Death, All Ages, Indiana, 2015-16





VIROLOGIC SURVEILLANCE

Circulating Influenza Viruses Detected by ISDH Laboratory*, Indiana, 2015-2016 Season				
	Week 13		Season Total	
PCR Result	Number	Percent of Specimens Received	Number	Percent of Specimens Received
2009 A/H1N1pdm virus	5	31.3%	214	37.7%
Influenza A/H3 seasonal virus	0	0%	69	12.2%
Influenza A/H1 seasonal virus	0	0%	0	0%
Influenza B seasonal virus	2	12.5%	34	6.0%
Influenza negative	8	50.0%	231	40.7%
Inconclusive	1	6.2%	8	1.4%
Unsatisfactory specimen†	0	0%	11	1.9%
Influenza Co-infection [△]	0	0%	1	<1%
Total	16	100%	568	100%

^{*}Data obtained from the ISDH Laboratory via specimens submitted from the ISDH Sentinel Influenza Surveillance System and IN Sentinel Laboratories.

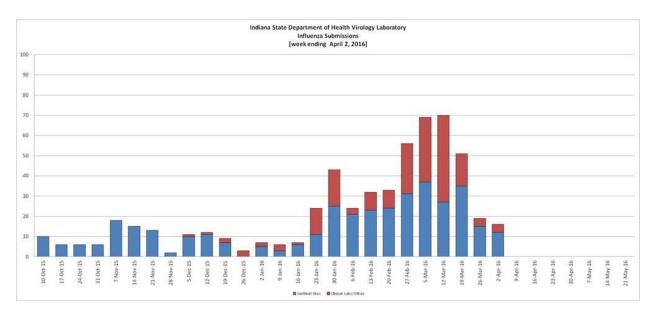
 $^{^{\}Delta}$ Influenza co-infection was influenza A/H3 and influenza A/H1N1pdm.

Circulating Non-Influenza Viruses Detected by the ISDH Laboratory, Indiana, 2015-2016 Season			
Result	Week 13	Season Total (Since 10/1/15)	Early Surveillance (9/1/15 - 9/30/15)
Adenovirus	0	6	0
Coronavirus 229E	0	0	0
Coronavirus HKU1	0	0	0
Coronavirus NL63	0	0	0
Coronavirus OC43	0	0	0
Enterovirus NOS	0	0	0
Enterovirus/Rhinovirus	0	2	1
Human Metapneumovirus	0	0	0
Parainfluenza 1 Virus	0	1	1
Parainfluenza 2 Virus	0	1	0
Parainfluenza 3 Virus	0	1	0
Parainfluenza 4 Virus	0	1	0
Rhinovirus	0	0	0
Respiratory Syncytial Virus	1	2	0
Total	1	14	2

Unsatisfactory specimens include specimens that leaked in transit, were too long in transit, or were inappropriately labeled.



VIROLOGIC SURVEILLANCE (GRAPH)





FLU REVIEW

Flu Vaccine Resources

- The latest Current Issues in Immunization NetConference (CIINC) on March 16 covered the 2016 updates to child, adolescent, and adult immunization schedules; a viewable <u>recast, transcript</u>, <u>and presentation slides</u> from the event are now available (CDC).
- The <u>presentation slides</u> from the last Advisory Committee on Immunization Practices (ACIP)
 meeting have been posted, which include presentations on influenza surveillance, vaccine
 efficacy, and recommendations.
- For healthcare professionals treating children who received some vaccines in Mexico, the <u>2016</u>
 <u>Binational Immunization Resource Tool for Children from Birth Through 18 Years</u> provides a
 side-by-side comparison of vaccine recommendations in Mexico and the U.S. (CDC).

Flu News and Related Studies

- Influenza activity in the United States continues to gradually decrease, but remains elevated
 above the national baseline. Indiana's reported level of flu activity has now been downgraded
 from widespread to regional. View the map of weekly influenza activity in the U.S. and the
 latest FluView report for more about current influenza activity, trends, and impact throughout
 the United States (CDC).
- Analysis of a small sample of influenza A-positive subjects found that viable flu virus was
 detected only slightly more often in cough aerosol particles than in exhalation aerosol particles;
 since breathing occurs with a much higher frequency than coughing, this suggests that breathing
 may play a greater role in airborne influenza transmission than coughing (Influenza and Other
 Respiratory Viruses).
- Researchers examining the temporal patterns of influenza in 30 countries over 14 years found
 that tropical countries may experience relatively constant levels of influenza activity throughout
 the year, rather than seasons of peak activity; therefore, timing influenza vaccination programs
 based on seasonality would likely prove ineffective for countries in the inter-tropical belt, and
 establishing surveillance systems in these countries is recommended in order to institute a
 localized approach to vaccination policy (PLOS ONE).

For Further Information, Visit:

www.in.gov/isdh/25462.htm www.cdc.gov/flu www.flu.gov